

**Abstract 168**

**TITLE:** The Integration of HIV Prevention and HIV Care in a Mental Health Setting: Lessons From Two Studies

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**BACKGROUND/OBJECTIVES:** The development of effective prevention interventions that specifically target individuals living with HIV is important given that a significant minority of these individuals continue to participate in behaviors likely to result in transmission of HIV to another person, re-infection, or both. An HIV-specific mental health clinic may be an appropriate setting for programs that integrate HIV prevention strategies into HIV care given that clients are participating in psychologically oriented change processes that may support reductions in risky sexual and needle sharing behaviors.

**METHODS:** Two studies were conducted. In study one, in-depth interviews were conducted with twelve mental health professionals in Atlanta, Georgia in order to gain insight into the feasibility and appropriateness of integrating HIV prevention strategies into an existing system of HIV-related psychotherapy. Study two consisted of the, process evaluation of a newly funded HIV prevention program that was being implemented in a mental health clinic in Atlanta, GA.

**RESULTS:** Study One: The results of study one indicated that an integrated prevention/care, and model in a mental health setting is feasible and appropriate, however mental health providers doing such integrated work may encounter more intense ethical and legal issues that must be addressed mental health providers may need additional training, particularly in the areas of human sexual i. v. Study Two: Process evaluation results indicated that the integration of an HIV prevention program within a mental health clinic required: 1) additional training for clinic staff on the identification and triage of individuals presenting with risky behaviors, and 2) an in-depth exploration of agency policies and procedures with regard to financial eligibility requirements that typically shape the nature of care services but not HIV prevention services. The process evaluation also identified challenges with the introduction of impact evaluation procedures in the mental health setting.

**CONCLUSIONS:** The benefits of an integrated model may be considerable, as it has the potential to: 1) increase prevention effectiveness, 2) enhance care effectiveness, and 3) provide greater cost effectiveness through the more effective utilization of staff and volunteer energy in community based HIV service providers. However, in order for a model to be effective in the mental health setting, staff and agency leadership must prepare for challenges that result from the attempt to integrate two health traditions that have often had different target sources, populations of funding, and different outcome measures. Recommendations and strategies for addressing these challenges will be presented.

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